

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34298

1. PLACE OF DEATH

County *St. Louis*
Township *Meramec*
City *Sherman Mo* (No.)

Registration District No. *785*
Primary Registration District No. *6.032*

File No.
Registered No. *236*
St. Ward)

2. FULL NAME

(a) Residence, No. *Sherman Mo* St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Hella J Spelbrink*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-9-1875*

7. AGE YEARS *58* MONTHS *1* DAYS *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ret Undertaker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

13. NAME *Ny G. Spelbrink*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Katherine Coran*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Hella J Spelbrink* (ADDRESS) *Sherman Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACES *Old St Peter's Paul* DATE *Nov 2*, 1933

19. UNDERTAKER *Louis N Bopp* (ADDRESS) *Kirkwood Mo*

20. FILED *10/30/* 1933 *G. B. Barnett* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 29*, 1933

22. I HEREBY CERTIFY, That I attended deceased from *Monk 1st* 1933, to *Oct 29*, 1933

I last saw him alive on *Oct 15*, 1933. Death is said to have occurred on the date stated above, at *10:30* a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset

Other contributory causes of importance:

Angina Pectoris

Name of operation *None* Date of

What test confirmed diagnosis? *Physical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *K. Benson*, M. D.

(Address) *Kirkwood Mo*

